

Appendix F

Situations for which expert consultation for HIV postexposure prophylaxis is advised

- Delayed (i.e., later than 24-36 hrs.) exposure report
 - ○ the interval after which there is no benefit from post exposure prophylaxis (PEP) is undefined
- Unknown source (i.e., needle in sharps disposal container or laundry)
 - ○ decide use of PEP on a case by case basis
 - ○ consider the severity of the exposure and the epidemiologic likelihood of HIV exposure
 - ○ do not test needles or other sharp instruments for HIV
- Known or suspected pregnancy in the exposed person
 - ○ does not preclude the use of optimal PEP regimes
 - ○ do not deny PEP solely on the basis of pregnancy
- Resistance of the source virus to antiretroviral agents
 - ○ influence of drug resistance on transmission risk is unknown
 - ○ selection of drugs to which the source person's virus is unlikely to be resistant is recommended, if the source person's virus is known or suspected to be resistant to ≥ 1 of the drugs considered for the PEP regimen
 - ○ resistance testing of the source person's virus at the time of the exposure is not recommended
- Toxicity of the initial PEP regimen
 - ○ adverse symptoms, such as nausea and diarrhea are common with PEP
 - ○ symptoms often can be managed without changing the PEP regimen by prescribing antimotility and /or antiemetic agents
 - ○ modification of dose intervals (i.e., administering a lower dose of drug more frequently throughout the day, as recommended by the manufacturer), in other situations might help alleviate symptoms